Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-22797 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco STATE \Box 1000 Rio Brazos Rd., Aztec, NM 87410 FEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Name: DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) BLINEBRY-DRINKARD 1. Type of Well: Oil Well Gas Well Other SWD Well Well No. Name of Operator RICE OPERATING COMPANY H-35 9. Pool name or Wildcat Address of Operator 122 W. TAYLOR, HOBBS, NM 88240 SAN ANDRES Well Location Unit Letter H : 1872 feet from the NORTH line and 233 feet from the EAST Section 35 Township 22S **NMPM** LEA County Range 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3293' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ☐ CHANGE PLANS **TEMPORARILY ABANDON ABANDONMENT** CASING TEST / CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPLETION OTHER: OTHER: \Box 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. INSTALL INJECTION PACKER PURSUANT TO NM UIC LETTER 12-01-99: Rig-up on well, circulate oil blanket OOH. POOH w/fiberglass tbg. Tag For Fill. Run caliper log on casing ID. Test casing with plug and packer. Spot surfactant on open-hole face. Swab back. Spot 1500 gal 15% HCl on open-hole face. Swab back. Run 2 7/8 J55 IPC tubing. Set packer @ 3903,32'. MIT approved by E. L. Gonzales. Return to injection. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Cawlyn Ovan Laguer TITLE OPERATIONS ENGINEER DATE 5-5-00 Type or print name CAROLYN DORAN HAYNES Telephone No. 505-393-9174 (This space for State use) DATE APPPROVED BY TITLE Conditions of approval, if any: BITTO RITE



